

FIG. 1A

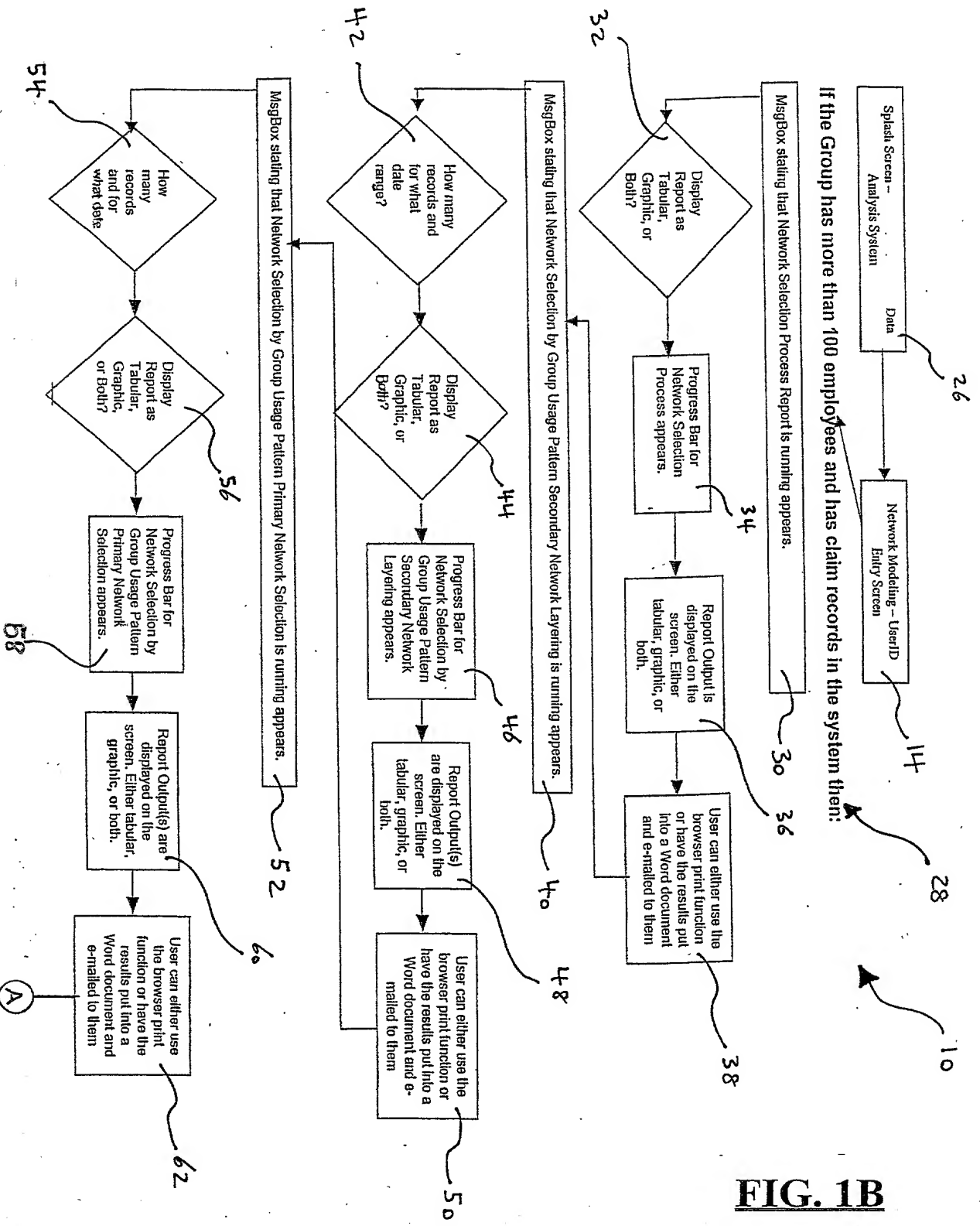


FIG. 1B

10061974.013102

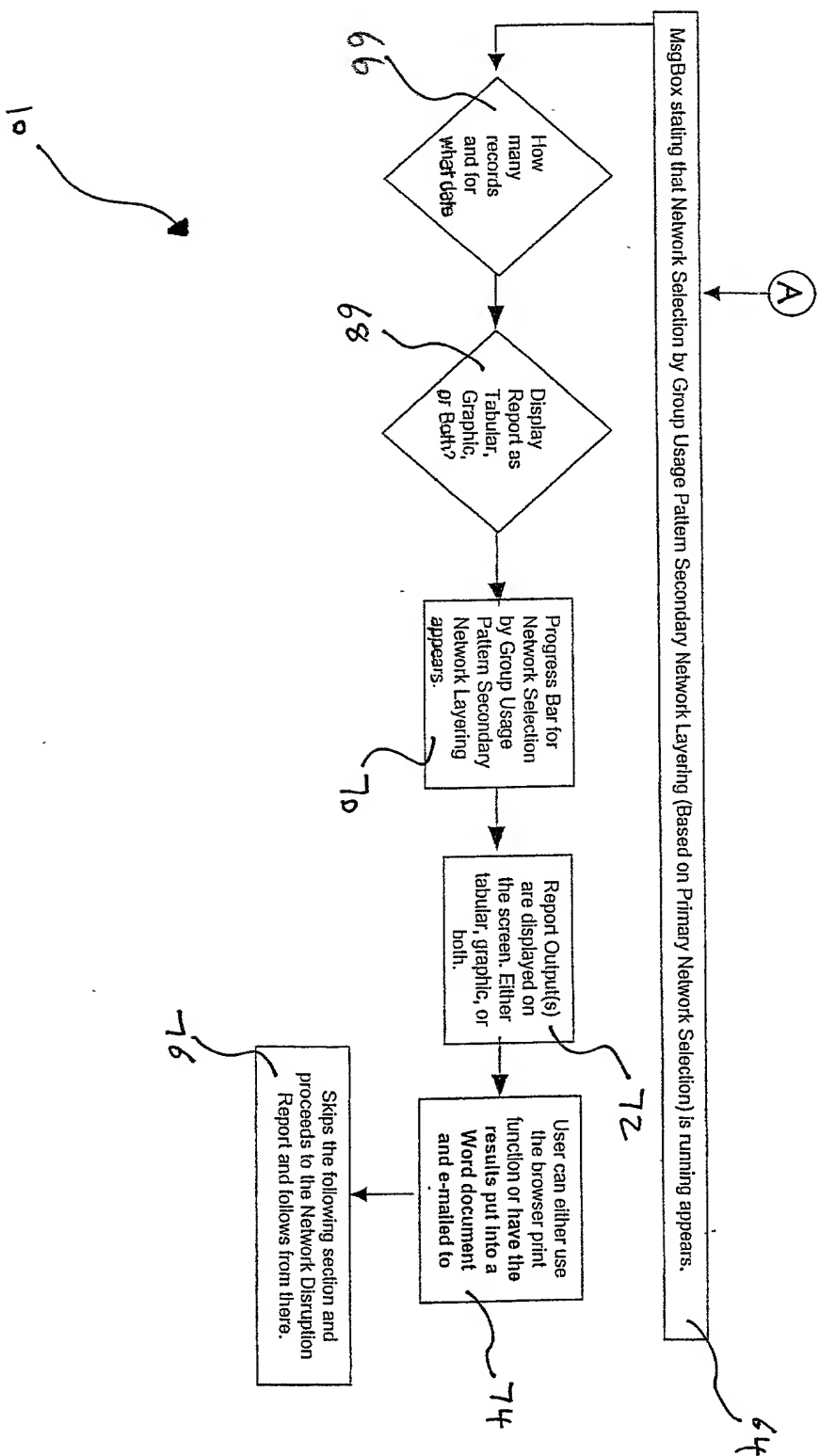


FIG. 1C

If the Group has > 100 employees and has no claim records in the system then data is entered off of the Employee Data Survey

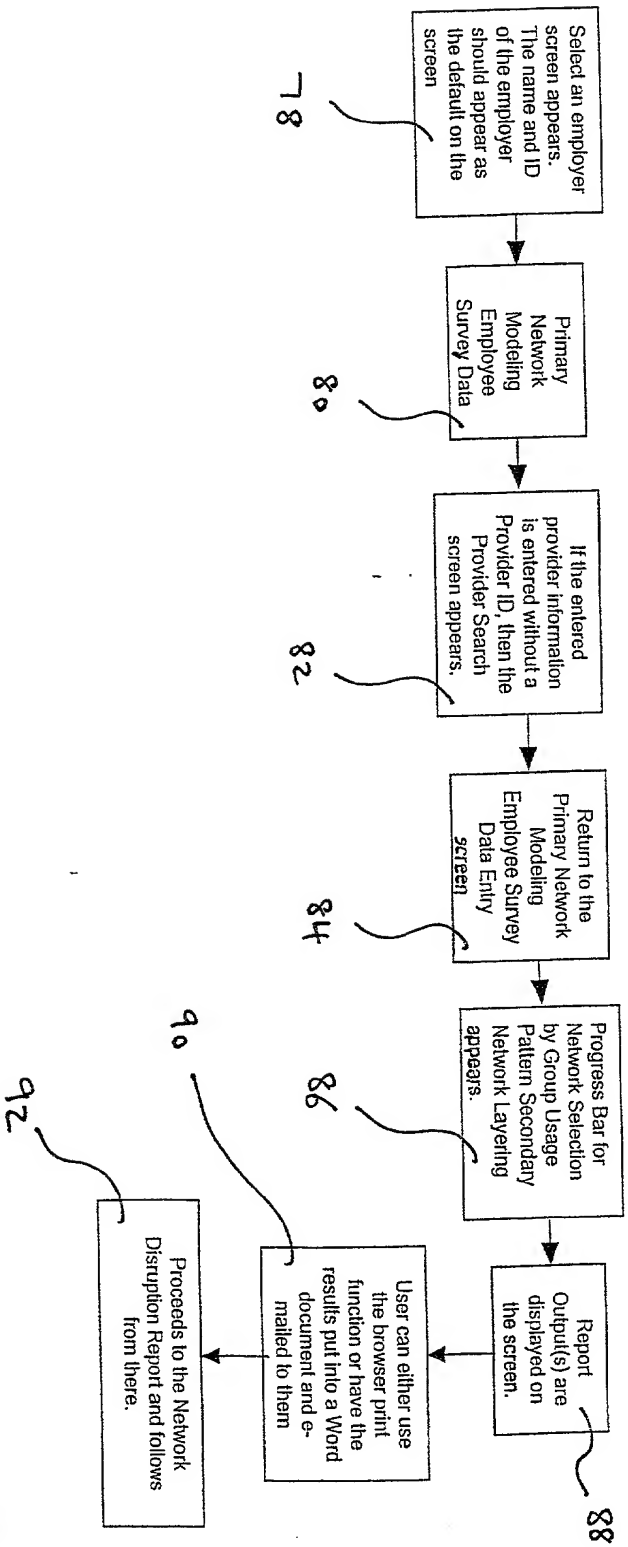


FIG. 2

Despite the number of employees and or whether there are claim records:

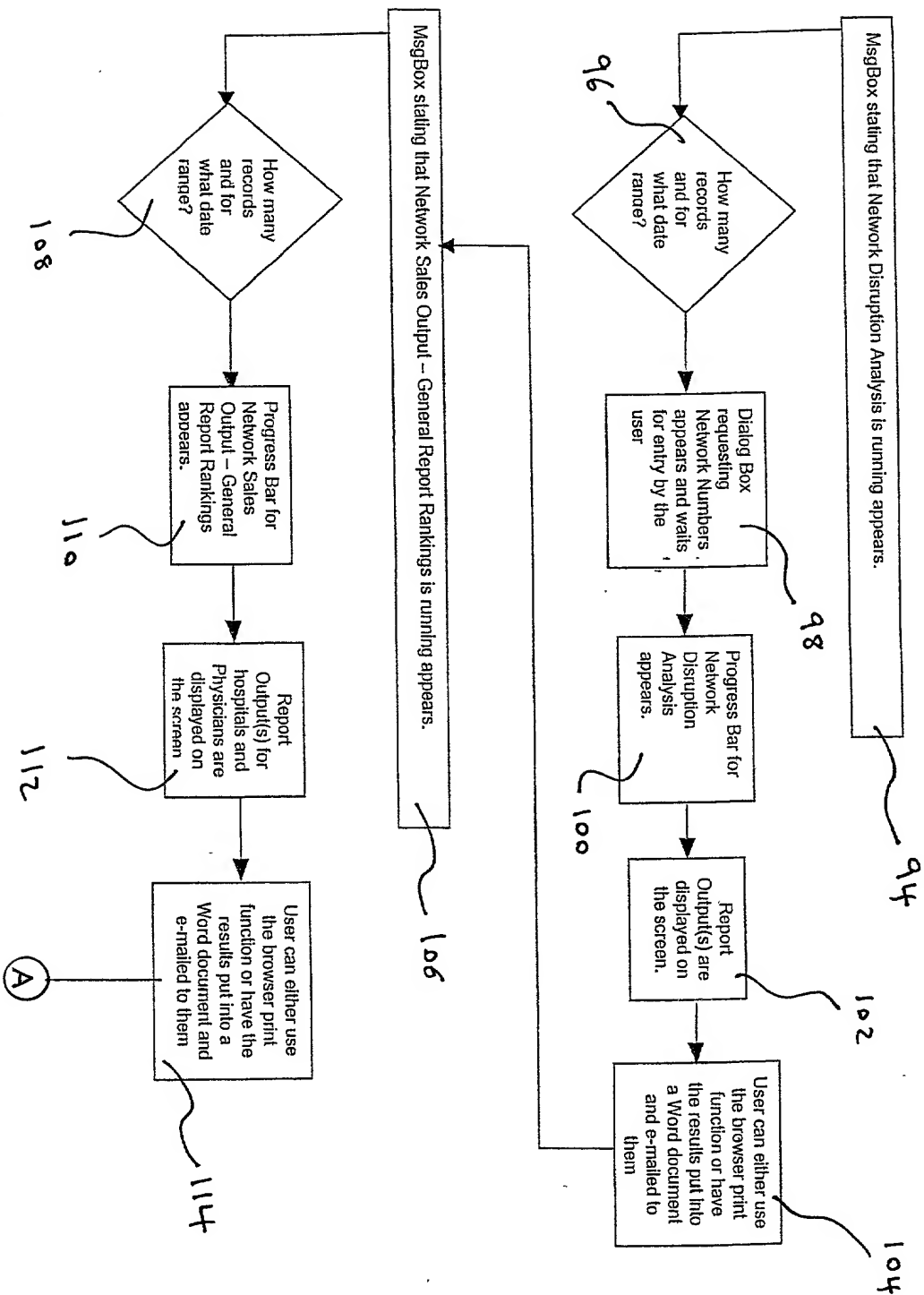


FIG. 3A

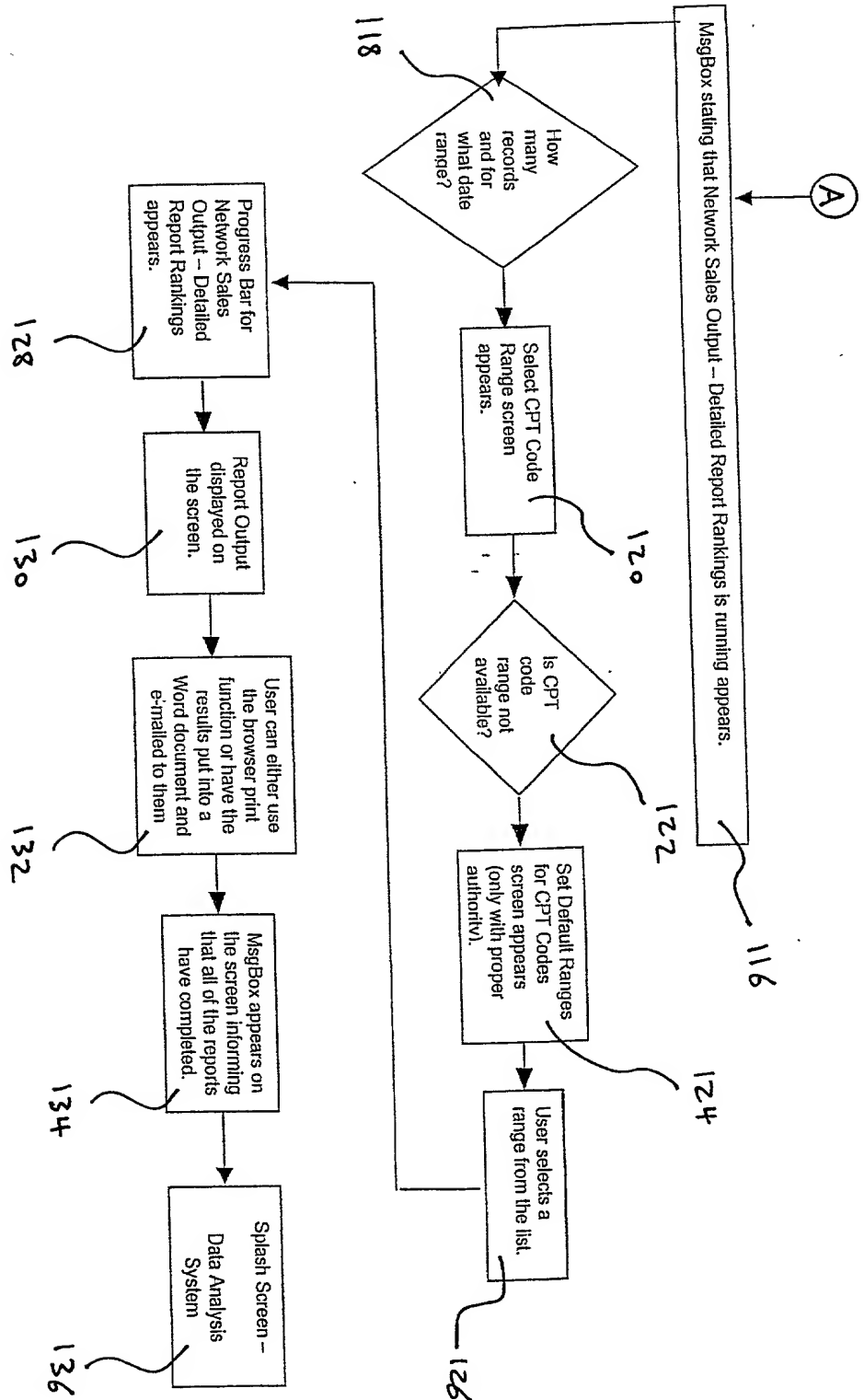


FIG. 3B

Report Output for:
Network Selection Output Report for the State of ****

Network	Hosp	Physicians					Medical Labs	DME	Home Infusion	Rx
		PCP	Peds	OB/GYN	Other	Total				
100	65	47	30	30	110	217	10			
107	44	33	22	22	50	127				
110	25	20	20	20	20	80				

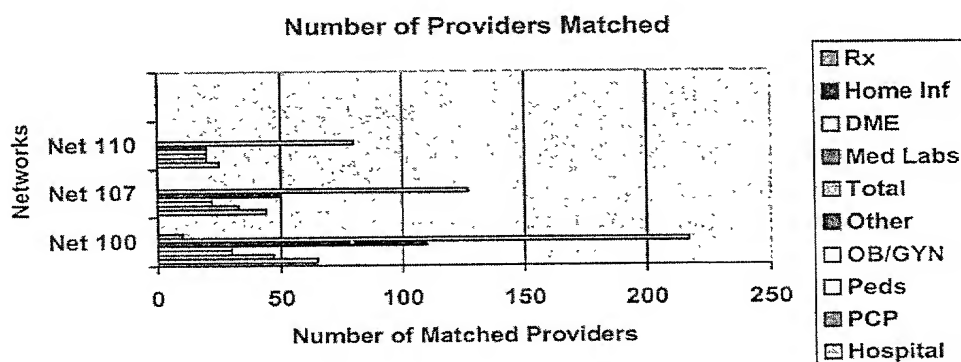


FIG. 4A

Report Output For:
**Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of **** for
Group ******
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

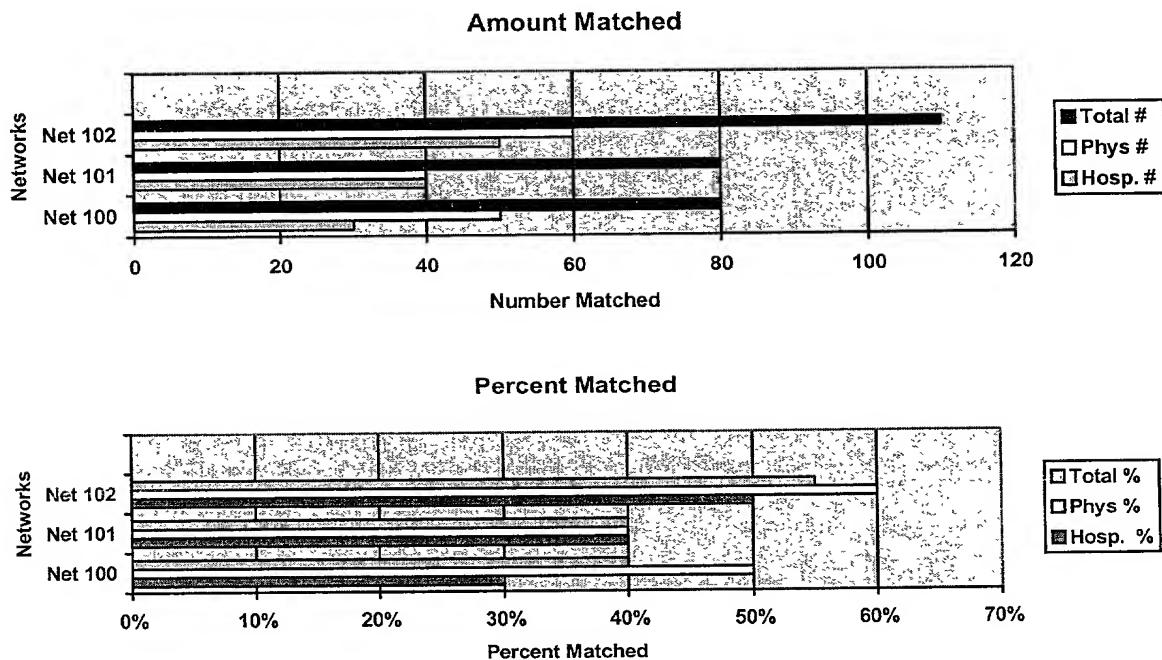


FIG. 4B

Report Output For:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ****
Number of Dollars Matched

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

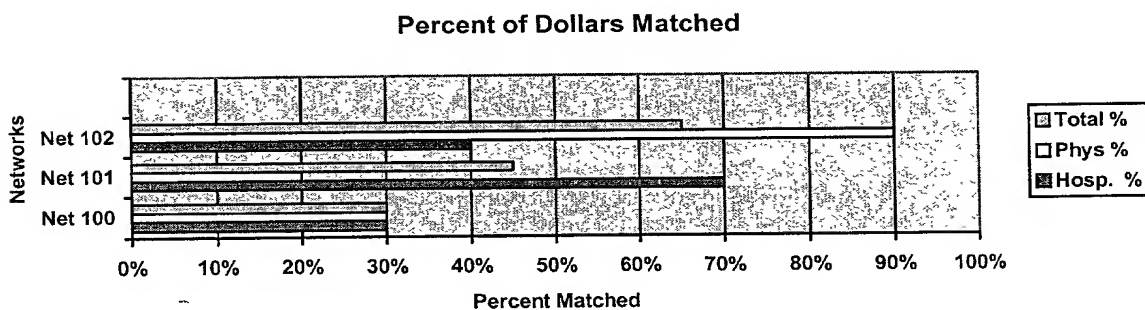
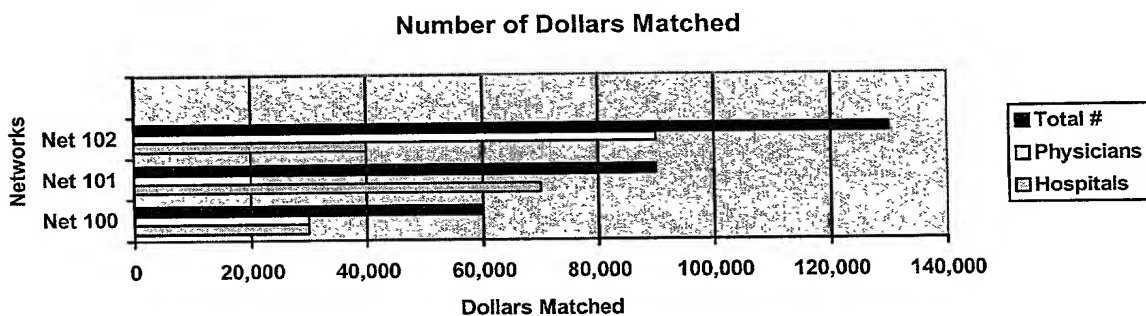
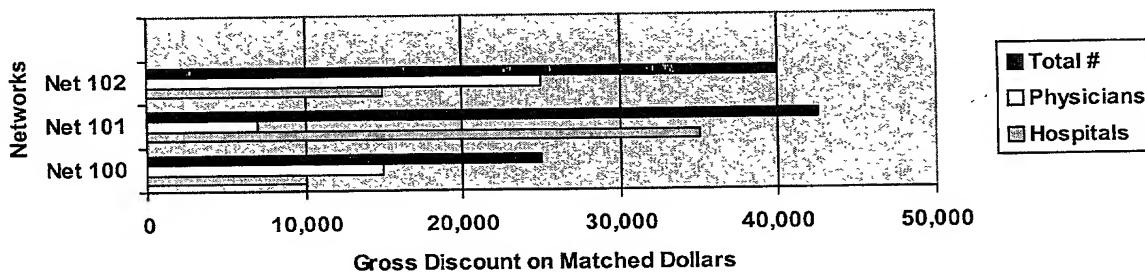


FIG. 4C

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering for the State of ****
Gross Discount on Matched Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

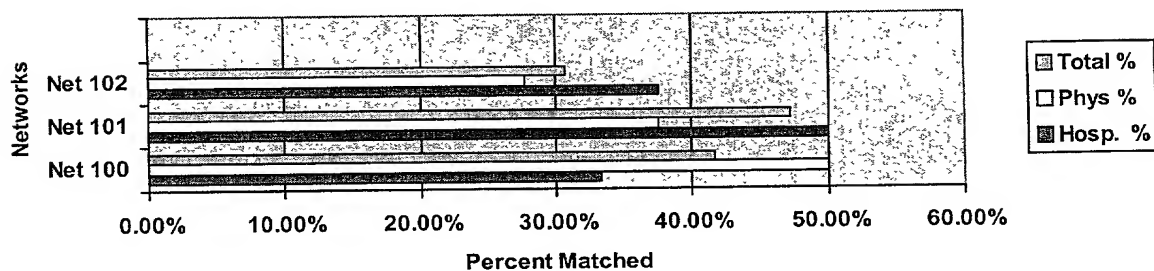


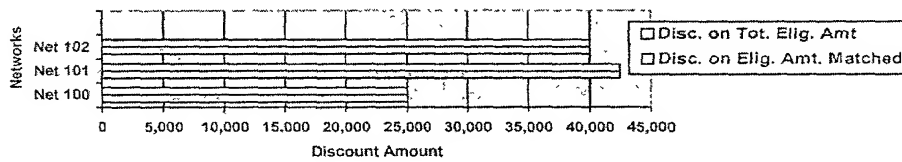
FIG. 4D

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Report Output for:
 Network Selection by Group Usage Patten – Groups of 100+ with Claim
 Records Output – Secondary Network Layering for the State of ****
 Summary

Network	% Prov Matched	% Eligible Amt Matched	Disc on Elig Amt Matched	% Disc Elig Amt Matched	Disc on Tot Elig Amt	% Disc Tot Elig Amt
100	40	30	\$ 25,000.00	41.67	\$ 25,000.00	12
101	40	45	\$ 42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	\$ 40,000.00	30.77	\$ 40,000.00	20

Summary



Percent Summary

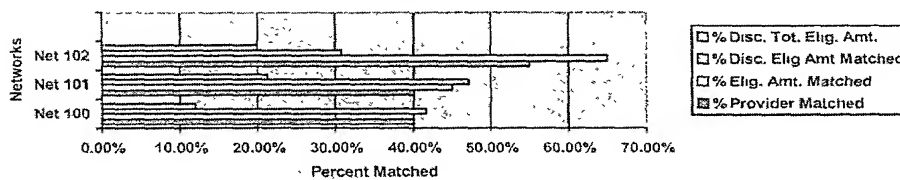
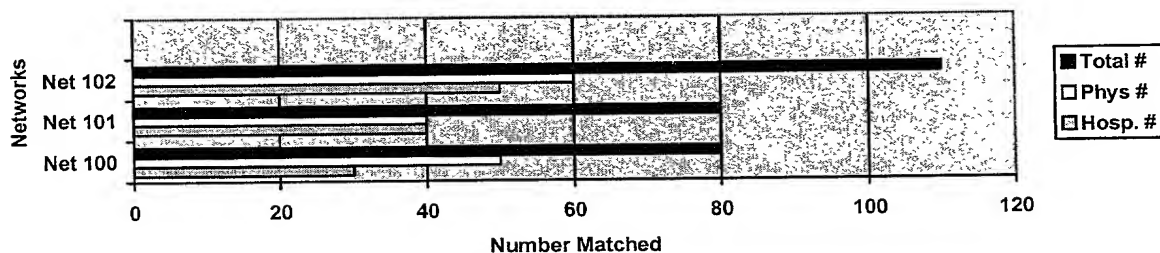


FIG. 4E

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection in the State of ****
for Group ****
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

Amount Matched



Percent Matched

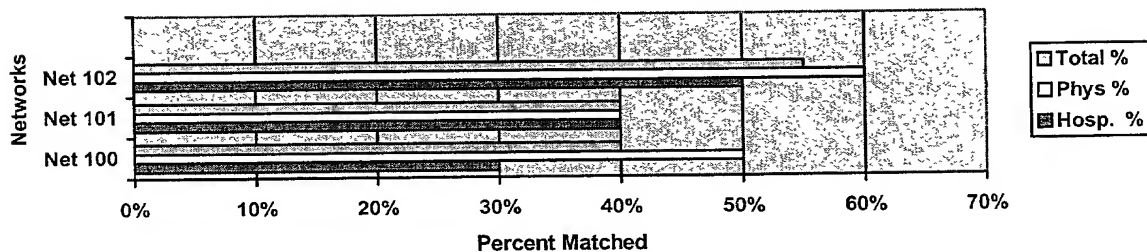


FIG. 4F

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Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Primary Network Discounts

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

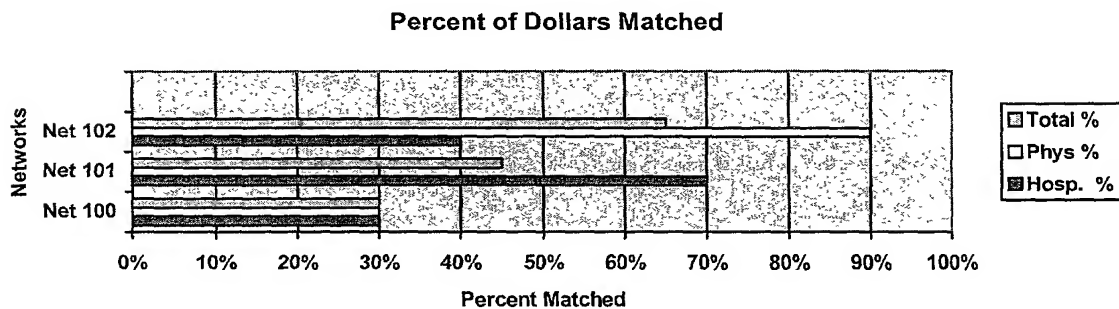
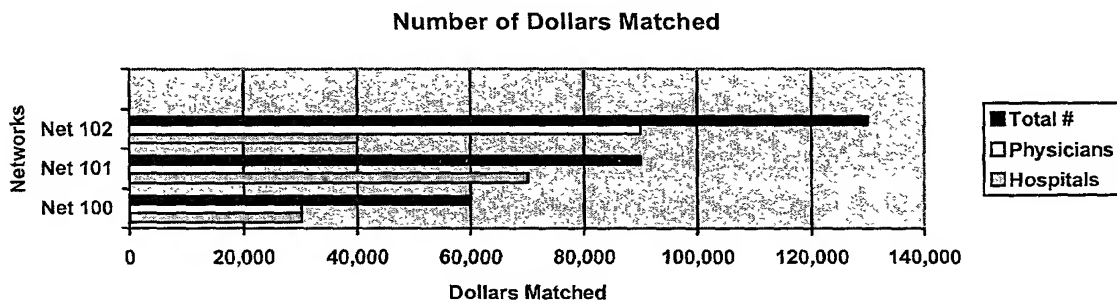
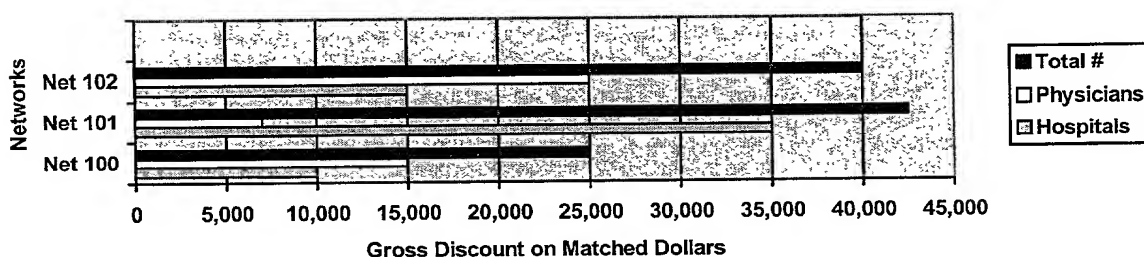


FIG. 4G

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Gross Discount on Matched Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

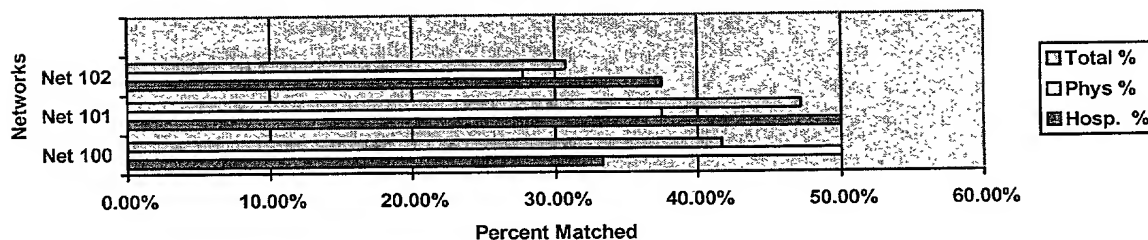


FIG. 4H

Report Output for:
Network Selection by Group Usage Pattern – Groups of 100+ with Claim
Records Output – Primary Network Selection for the State of ****
Summary

Network	% Prov Matched	% Eligible Amt Matched	Disc on Elig Amt Matched	% Disc Elig Amt Matched	Disc on Tot Elig Amt	% Disc Tot Elig Amt
100	40	30	\$ 25,000.00	41.67	\$ 25,000.00	12
101	40	45	\$ 42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	\$ 40,000.00	30.77	\$ 40,000.00	20

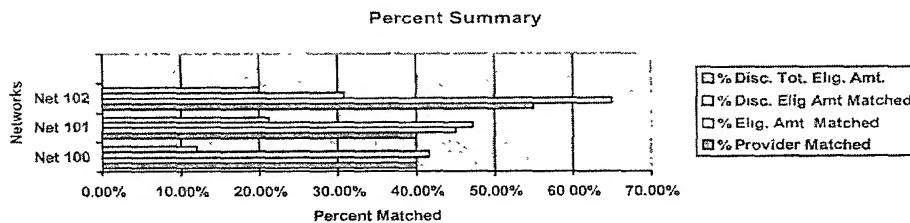
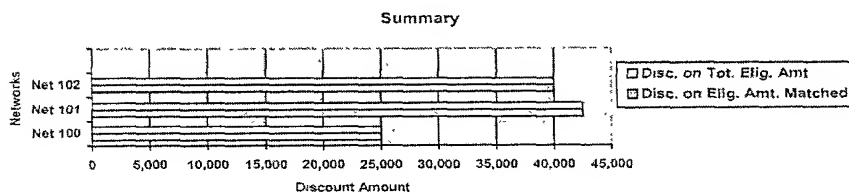


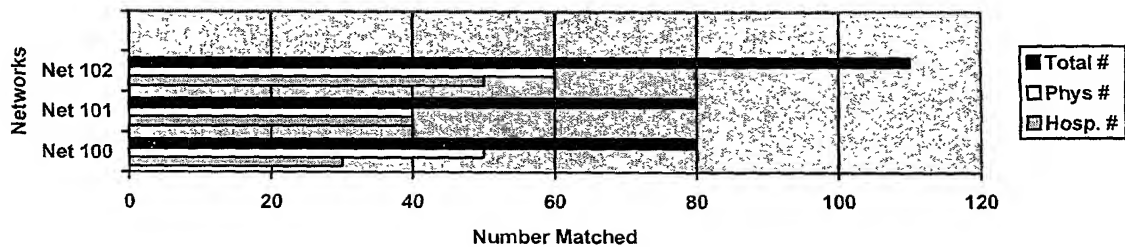
FIG. 4I

2016197 1006197 2016197

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ** for Group ******
Number of Providers Matched

Network	Hospitals		Physicians		Total	
	# Matched	% Matched	# Matched	% Matched	# Matched	% Matched
100	30	30	50	50	80	40
101	40	40	40	40	80	40
102	50	50	60	60	110	55

Amount Matched



Percent Matched

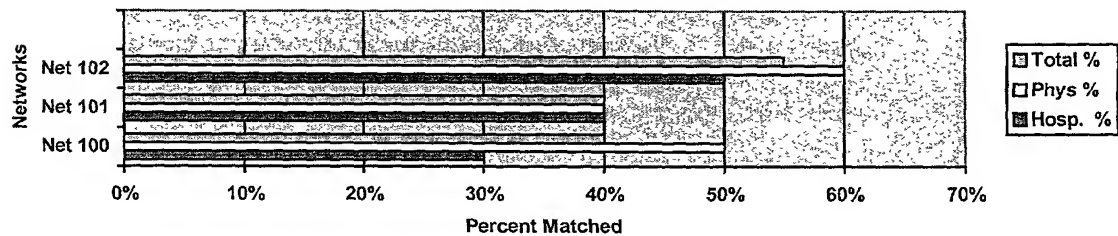


FIG. 4J

10061971.013103

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of **** Primary Network Discounts

Network	Hospitals		Physicians		Total	
	Dollars Matched	%	Dollars Matched	%	Dollars Matched	%
100	\$ 30,000.00	30	\$ 30,000.00	30	\$ 60,000.00	30
101	\$ 70,000.00	70	\$ 20,000.00	20	\$ 90,000.00	45
102	\$ 40,000.00	40	\$ 90,000.00	90	\$ 130,000.00	65

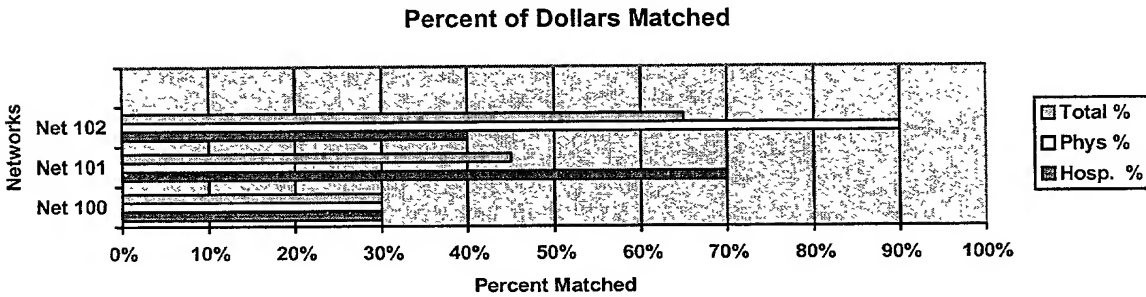
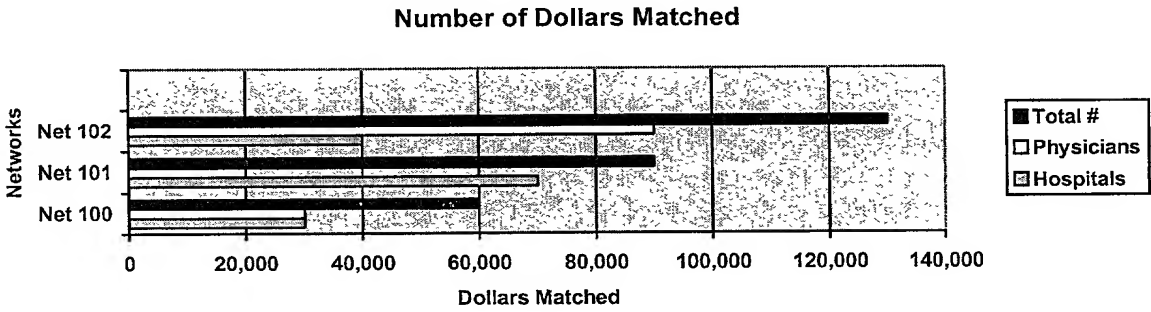
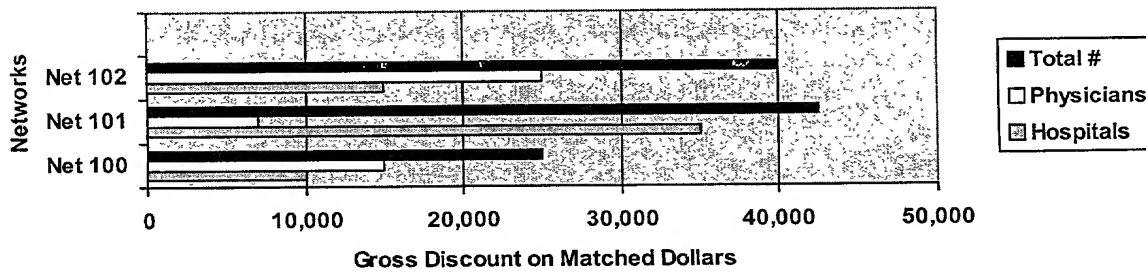


FIG. 4K

Report Output for:
Network Selection by Group Usage Patten – Groups of 100+ with Claim
Records Output – Secondary Network Layering (Based on Primary
Network Selection) for the State of ** Gross Discount on Matched**
Dollars

Network	Hospitals		Physicians		Total	
	Gross Discount	%	Gross Discount	%	Gross Discount	%
100	\$ 10,000.00	33.33	\$ 15,000.00	50	\$ 25,000.00	41.67
101	\$ 35,000.00	50	\$ 7,000.00	37.5	\$ 42,500.00	47.22
102	\$ 15,000.00	37.5	\$ 25,000.00	27.78	\$ 40,000.00	30.77

Gross Discount on Matched Dollars



Percent Discount on Matched Dollars

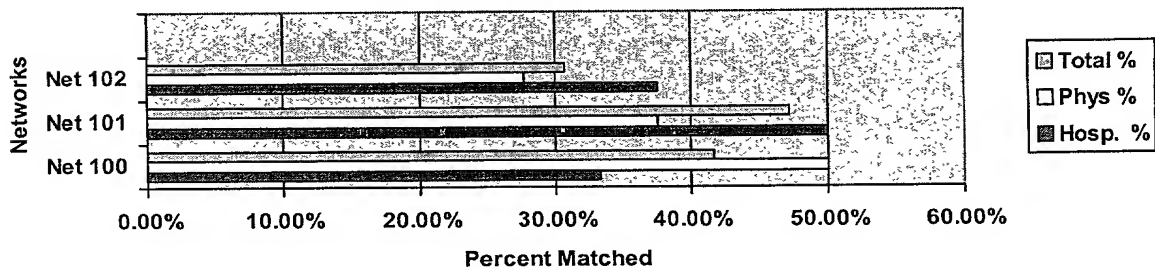


FIG. 4L

10061971 - 013100
"013100" - 10061971

Report Output for:
Network Selection by Group Usage Patten - Groups of 100+ with Claim
Records Output - Secondary Network Layering (Based on Primary
Network Selection) for the State of ****
Summary

Network	% Prov Matched	% Eligible Amt Matched	Disc on Elig. Amt Matched	% Disc Elg Amt Matched	Disc on Tot Elig Amt	% Disc Tot Elig Amt
100	40	30	\$ 25,000.00	41.67	\$ 25,000.00	12
101	40	45	42,500.00	47.22	\$ 42,500.00	21.25
102	55	65	40,000.00	30.77	\$ 40,000.00	20

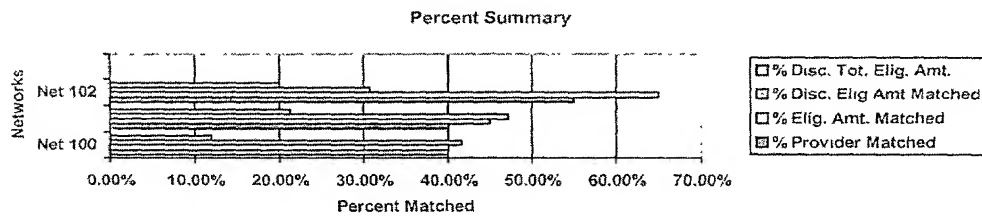
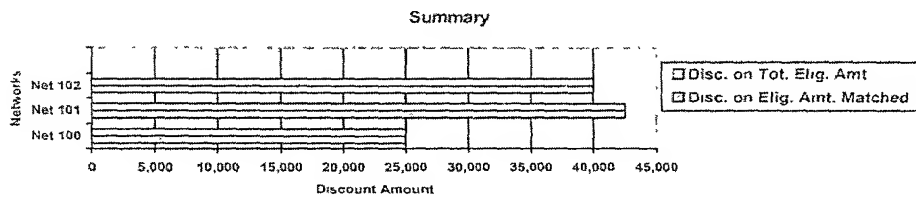


FIG. 4M

Report Output for:
Network Selection by Employee Survey – Groups of <100 Without
Claim Records Output Report for the State of ****
Primary Network Modeling for Group ****

Network	Hospitals Matched	Physicians					Total %
		PCP	Peds	OB/G YN	Other	Total	
100	30	47	30	30	110	217	12.25%
107	17	33	22	22	50	127	17%
110	25	20	20	20	20	80	32.20%

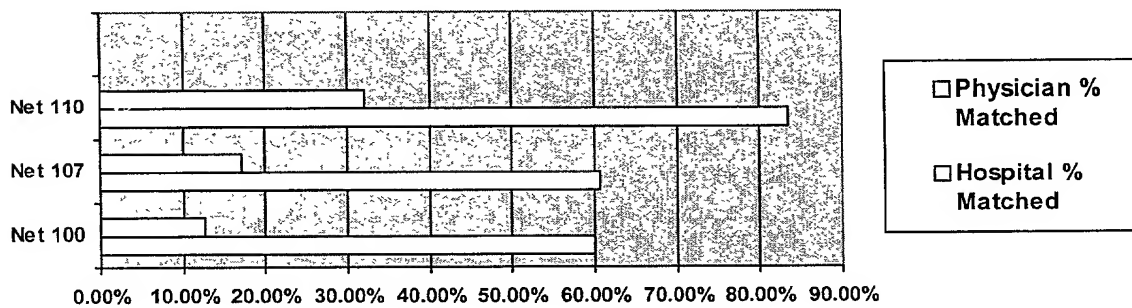
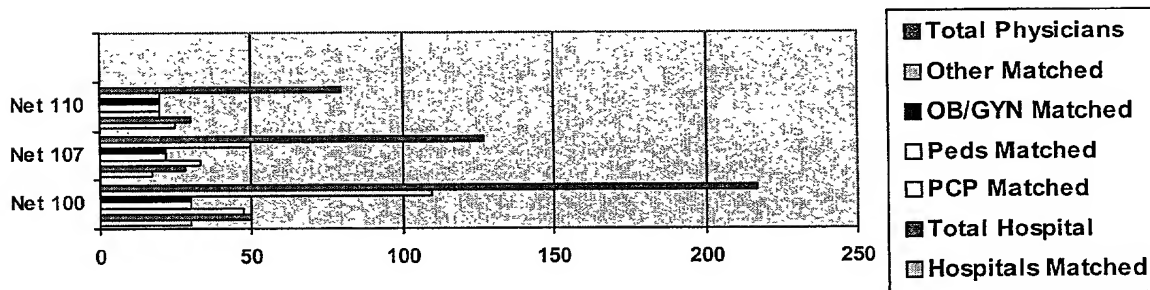


FIG. 4N

10061971.043403

Report Output for:
Network Selection by Employee Survey – Groups of <100 Without
Claim Records Output Secondary Network Modeling (Based on
Primary Network Selection) for Network ** in the State of ******

				Physicians					
Network	Hospitals Matched	Hospital Totals	Total % Matched	PCP	Peds	OB/GYN	Other	Total	Total %
100	30	50	60 %	47	30	30	110	217	12.25%
107	17	28	60.72%	33	22	22	50	127	17%
110	25	30	83.33%	20	20	20	20	80	32.20%

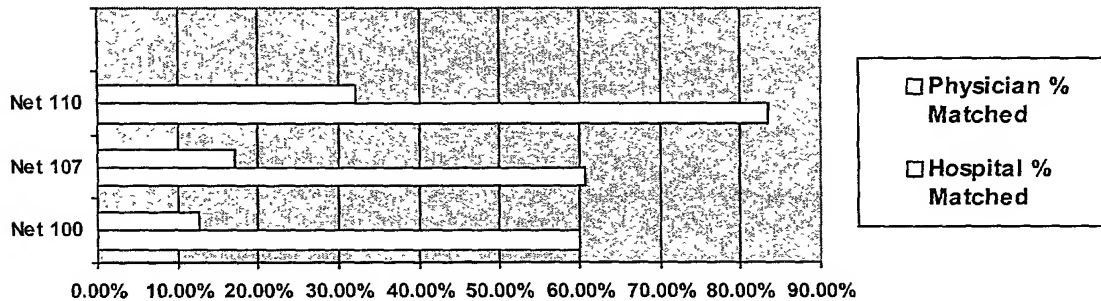
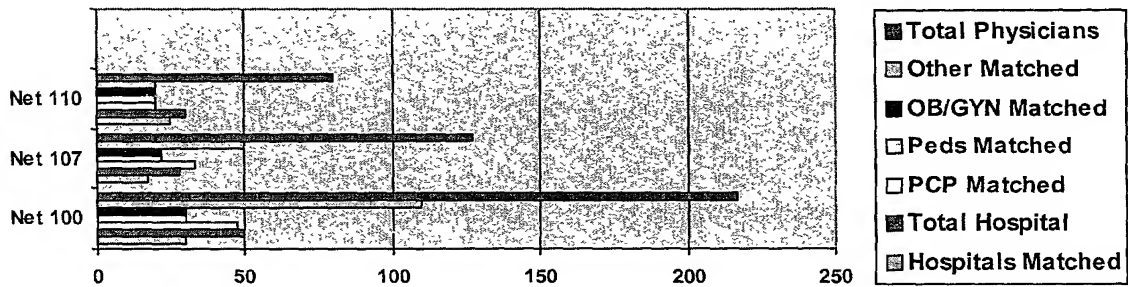


FIG. 4 O

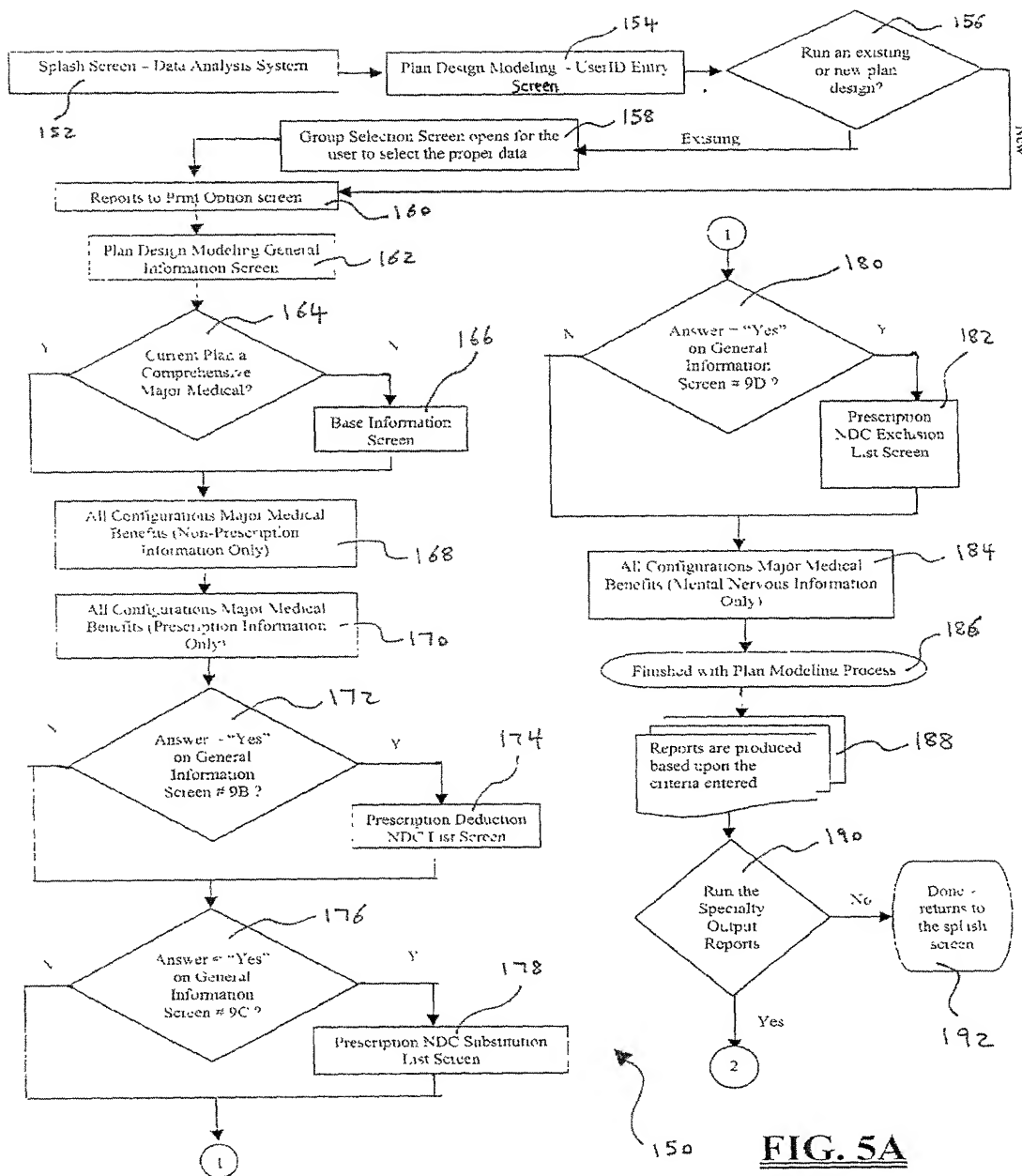


FIG. 5A

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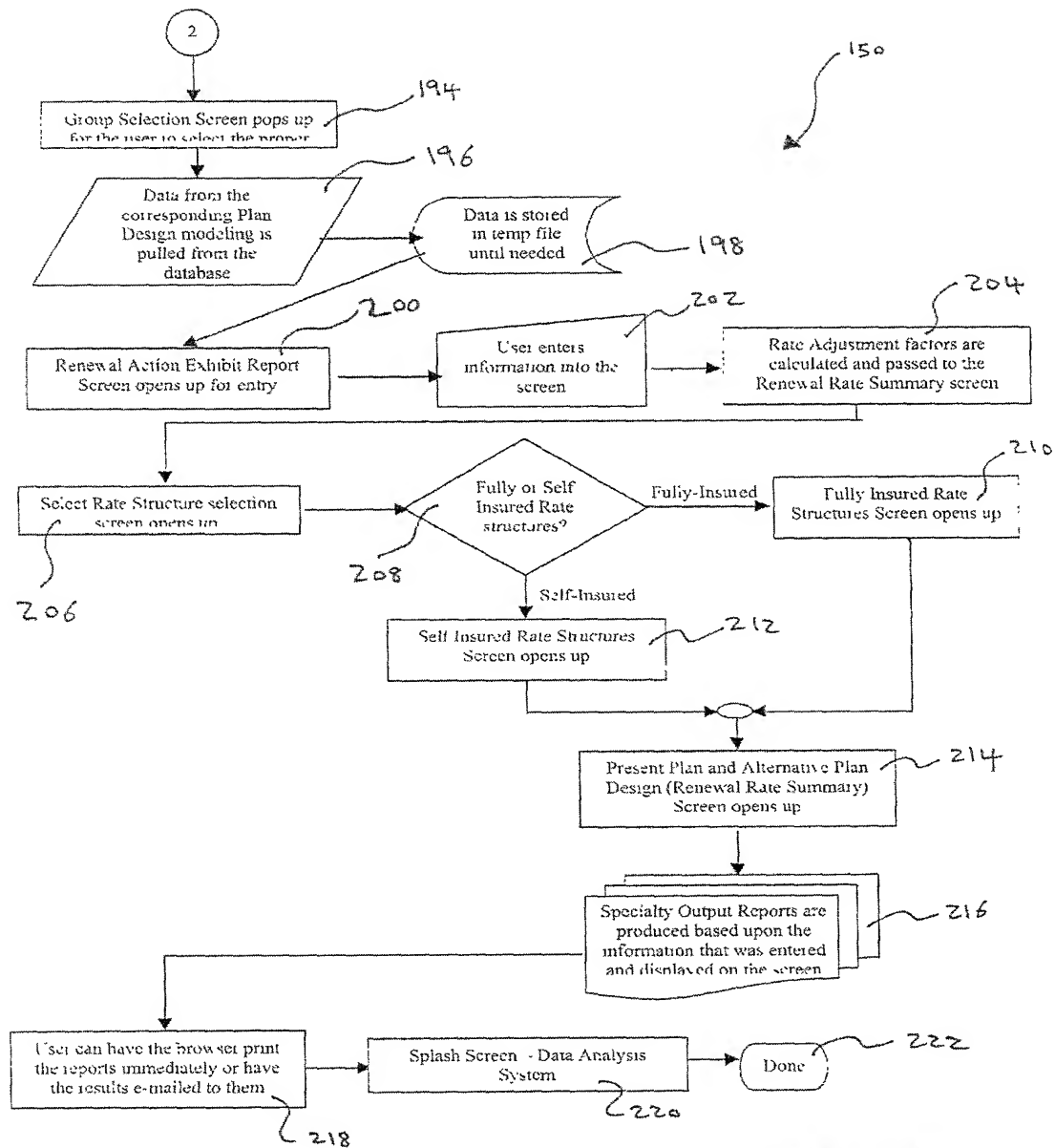


FIG. 5B

10061971 043103

General Information				
Network:		Date From: 05/01/1999 To: 05/31/1999		
	Current Plan		Modeled Plan	
1. Plan Configuration	<input type="radio"/> Base + MM	<input checked="" type="radio"/> CMM	<input type="radio"/> Base + MM	<input checked="" type="radio"/> CMM
2. Deductible Buckets	<input type="radio"/> Integrated	<input checked="" type="radio"/> Non-Integrated	<input type="radio"/> Integrated	<input checked="" type="radio"/> Non-Integrated
2a. Deductible Integration Flow	<input type="checkbox"/> Upward	<input type="checkbox"/> Downward	<input type="checkbox"/> Upward	<input type="checkbox"/> Downward
3. Co-Insurance Buckets	<input checked="" type="radio"/> Integrated	<input type="radio"/> Non-Integrated	<input checked="" type="radio"/> Integrated	<input type="radio"/> Non-Integrated
3a. Co-Insurance Integration Flow	<input checked="" type="checkbox"/> Upward	<input type="checkbox"/> Downward	<input checked="" type="checkbox"/> Upward	<input type="checkbox"/> Downward
4. CoPay Accumulates To	<input checked="" type="checkbox"/> Deductible	<input type="checkbox"/> Co-insurance	<input checked="" type="checkbox"/> Deductible	<input type="checkbox"/> Co-insurance
5. MN/AD Max IP/Year	30 Days	\$ 30,500.00	120 Days	\$ 60,000.00
6. MN/AD OP Benefits /Year	30 Visits/Year	\$ 100,000.00	90 Visits/Year	\$ 150,000.00
6a. Applies to Deductible	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
6b. Applies to Co-Insurance Expense Limit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7. Emergency Benefits /Year	12 Visits/Year	\$ 10,000.00	12 Visits/Year	\$ 10,000.00
7a. Applies to Deductible	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
7b. Applies to Co-Insurance Expense Limit	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
8. Chiropractic Benefits /Year	Visits/Year	\$	Visits/Year	\$
8a. Applies to Deductible	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
8b. Applies to Co-Insurance Expense Limit	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
9. Prescription Drugs	<input checked="" type="radio"/> MM Benefit	<input type="radio"/> Prescription Plan	<input type="radio"/> MM Benefit	<input checked="" type="radio"/> Prescription Plan
9a. Type of Prescription Plan	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
9b. If Both, Deductible applies to Separate List	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> Yes	<input type="radio"/> No
9c. Prescription NDC Substitution List	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No
9d. Prescription NDC Exclusion List	<input checked="" type="radio"/> Yes	<input type="radio"/> No	<input checked="" type="radio"/> Yes	<input type="radio"/> No

FIG. 6A

Base Information

Fill in the Base Insurance Amounts for each Column. Apply in-patient Claims to this screen. All other claims are to be applied to the "All Configurations MM Benefits Screen".

	Current Plan Network			Modeled Plan Network		
	PCP	Network	Non-Network	PCP	Network	Non-Network
1. Hospital R & B						
1a. Max Daily Benefits						
1b. Max Benefits Period						
2. ICU & CCU R & B						
2a. Max Daily Benefits						
2b. Max Benefits Period						
3. External Care Facility						
3a. Max Daily Benefits						
3b. Max Benefits Period						
4. Maximum Misc. JP Hospital Expenses						
5. Maximum Surgical Expense						
6. Maximum Assistant Surgeon						
7. Maximum Misc. OP Hospital Expenses						

FIG. 6B

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All Configurations - MM Benefits (Non-Prescription Information)						
	Current Plan			Modeled Plan		
	PCP	Network	Non-Network	PCP	Network	Non-Network
1. Deductible						
2. Family Deductible						
3a. In-Hospital Deductible						
3b. Max. In-Hosp Deduct Per Yr per Person						
3c. Max. In-Hosp Deduct Per Yr per Family						
4a. In-Hospital CoPay Per Day						
4b. Max In-Hosp CoPay/Days per Yr/ Person						
4c. Max In-Hosp CoPay/Days per Yr/Family						
5. Co-Insurance %						
6. Max Ind. Co-Insurance Expense Level						
7. Max. Family Co-Insurance Expense Level						
8. MD OV %						
9. MD OV CoPay						
Routine Care						
<input type="checkbox"/> State Mandated						
<input type="checkbox"/> None						
<input type="checkbox"/> Other						
10. Ann Physical Exam %						
11. Ann Physical Exam CoPay						
12. Ann Physical Exam Max						
13. S.A. Benefit Max						
14. Emergency - ER Co-Insurance %						
15. Emergency - ER Ded/CoPay						
16. Routine - ER Co-Insurance %						
17. Routine - ER Ded/CoPay						
18. DME Co-Insurance %						
19. Chiropractic Co-Insurance %						
20. Chiropractic CoPay						
21. Chiropractic Benefit Maximum						

FIG. 6C

All Configurations - MM Benefits (Prescriptions Only)												
	Current Plan						Modified Plan					
	Deductible		Max. Benefit				Deductible		Max. Benefit			
1. Prescription Drug Plan												
1a. Annual per Person												
1b. Annual per Family												
1c. Co-Insurance %												
2. Retail Drug Card												
2a. Co-Insurance %	Generic	F-Gen	Brand	F-Brand	Pref F-Brd	NonNet	Generic	F-Gen	Brand	F-Brand	Pref F-Brd	NonNet
2b. CoPay												
2c. Administration Fee												
2d. Dispensing Fee												
2e. Discount % (AWP/MAC)												
3. Mail Order Service												
3a. Co-Insurance %												
3b. CoPay												
3c. Administration Fee												
3d. Dispensing Fee												
3e. Discount % (AWP/MAC)												

FIG. 6D

4061971.01310

All Configurations - MM Benefits (Mental/Nervous Information)						
	Current Plan			Modeled Plan		
	PCP	Network	Non-Network	PCP	Network	Non-Network
Mental Health, Chemical Dependency						
1. MN/AD Annual Deductible						
2. MN/AD OP Co-Insurance %						
3. MN/AD OP OV CoPay - Individual						
4. MN/AD OP OV CoPay - Group						
5. MN/AD OP Annual Benefit Maximum						

FIG. 6E

20150101 10:43:00

Renewal Action Exhibit							
Group:	ABC CORPORATION			Experience Period:	05/01/1997	To:	05/01/1998
	Medical	Dental	Vision	STD	LTD	Life	Total
Paid Claims	\$3,531,507	\$164,447	\$0	\$0	\$0	\$0	\$3,695,954
Adj. (+/-) Proj. from Network Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adj. (+/-) Proj. from Benefit Changes	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Adj. (+/-) from Reserve Changes	\$178,694	\$3,289	\$0	\$0	\$0	\$0	\$181,983
Discretionary Und Adj (+/-)	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Incurred Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Standard Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Experience Credibility Factor	100.00%	100.00%	000.00%	000.00%	000.00%	000.00%	100.00%
Credible Incurred Claims	\$3,710,201	\$167,736	\$0	\$0	\$0	\$0	\$3,877,937
Trend Factor	1.20%	1.00%	000.00%	000.00%	000.00%	000.00%	000.00%
Monthly Trend	13	13	00	00	00	00	00
Months of Trend	15.6%	13.0%	000.00%	000.00%	000.00%	000.00%	15.49%
Applicable Trend Factor							
Projected Incurred Claims	\$4,288,992	\$189,542	\$0	\$0	\$0	\$0	\$4,478,629
Retention	\$445,463	\$18,045	\$0	\$0	\$0	\$0	\$463,508
Projected Premium Needed	\$4,734,445	\$207,587	\$0	\$0	\$0	\$0	\$4,942,137
Premium at Current Rates	\$4,636,547	\$166,173	\$0	\$0	\$0	\$0	\$4,802,720
Rate Adjustment Factor	102.11%	124.92%	000.00%	000.00%	000.00%	000.00%	102.90%

FIG. 6F

20161971-013102

Present Plan & Alternative Plan Design (Renewal Rate Summary)														
Present Plan														
Present Rates	Medical		Dental		Vision		STD		LTD		Life			
	S	190.02	S	7.12	S	000.00	S	000.00	S	000.00	S	000.00		
	F	521.34	F	21.23	F	000.00	F	000.00	F	000.00	F	000.00		
Renewal Rates														
	Rate Adjustment Factors		Medical		Dental		Vision		STD		LTD		Life	
	Medical	Dental	Vision	STD	LTD	Life	Medical	Dental	Vision	STD	LTD	Life		
	102.11%	124.92%	000.00%	000.00%	000.00%	000.00%	S	194.03	S	8.89	S	000.00	S	000.00
							F	532.34	F	26.52	F	000.00	F	000.00
Alternative Plan Designs														
\$500 Chiropractic Calendar Year Max 80%/70% Coinsurance, \$15 CoPay	Rate Adjustment Factors		Medical		Dental		Vision		STD		LTD		Life	
	Medical	Dental	Vision	STD	LTD	Life	Medical	Dental	Vision	STD	LTD	Life		
	100.73%	124.92%	000.00%	000.00%	000.00%	000.00%	S	192.70	S	8.89	S	000.00	S	000.00
							F	528.69	F	26.52	F	000.00	F	000.00
\$10 Office Visit CoPay 80% Coinsurance	Rate Adjustment Factors		Medical		Dental		Vision		STD		LTD		Life	
	Medical	Dental	Vision	STD	LTD	Life	Medical	Dental	Vision	STD	LTD	Life		
	101.52%	124.92%	000.00%	000.00%	000.00%	000.00%	S	191.41	S	8.89	S	000.00	S	000.00
							F	525.15	F	26.52	F	000.00	F	000.00
\$10 Office Visit CoPay 90% Coinsurance	Rate Adjustment Factors		Medical		Dental		Vision		STD		LTD		Life	
	Medical	Dental	Vision	STD	LTD	Life	Medical	Dental	Vision	STD	LTD	Life		
	97.31%	124.92%	000.00%	000.00%	000.00%	000.00%	S	184.91	S	8.89	S	000.00	S	000.00
							F	507.52	F	26.52	F	000.00	F	000.00
												Add New Plan Design		

FIG. 6G

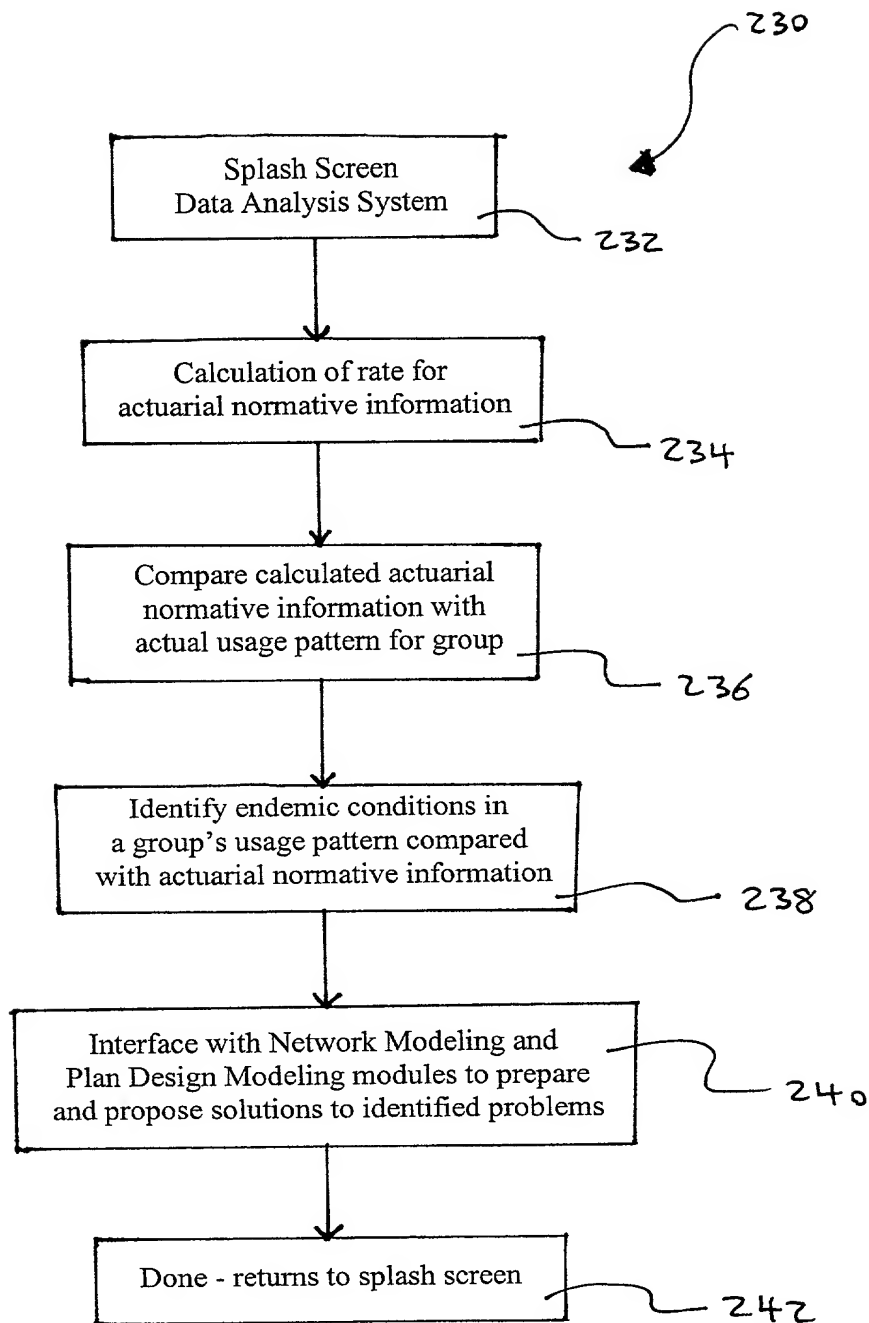


FIG. 7

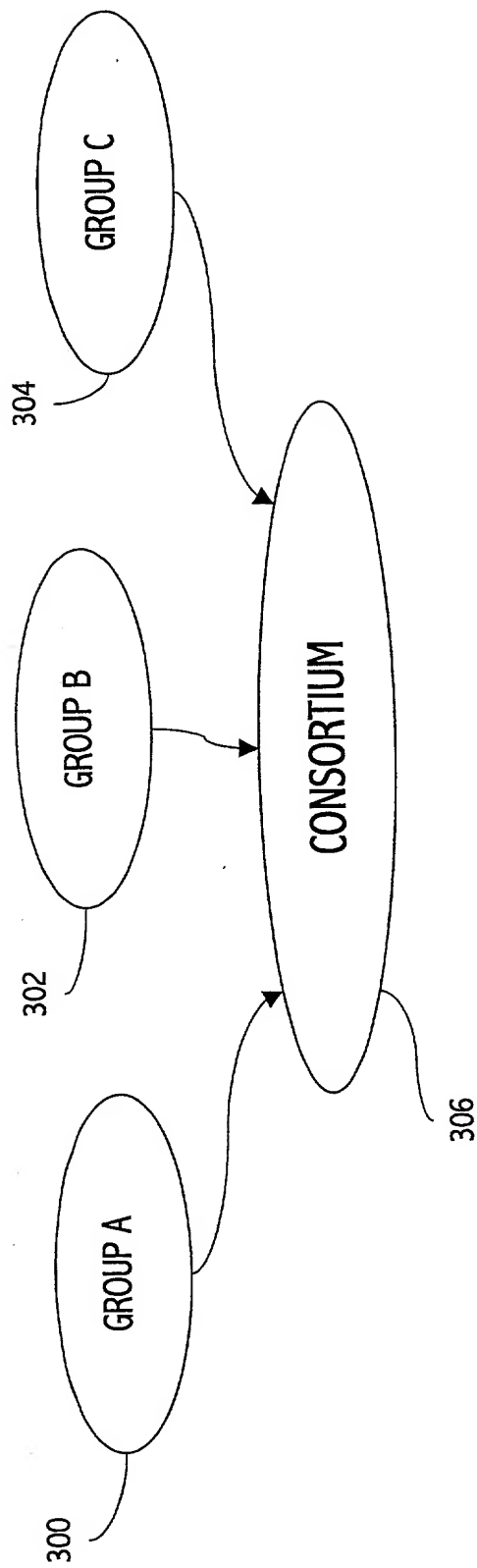


FIG. 8A

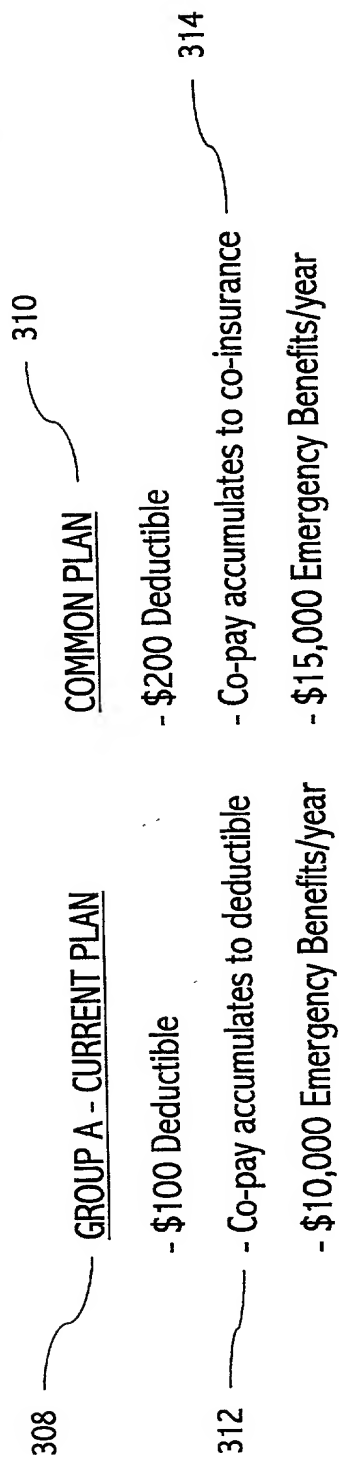


FIG. 8B

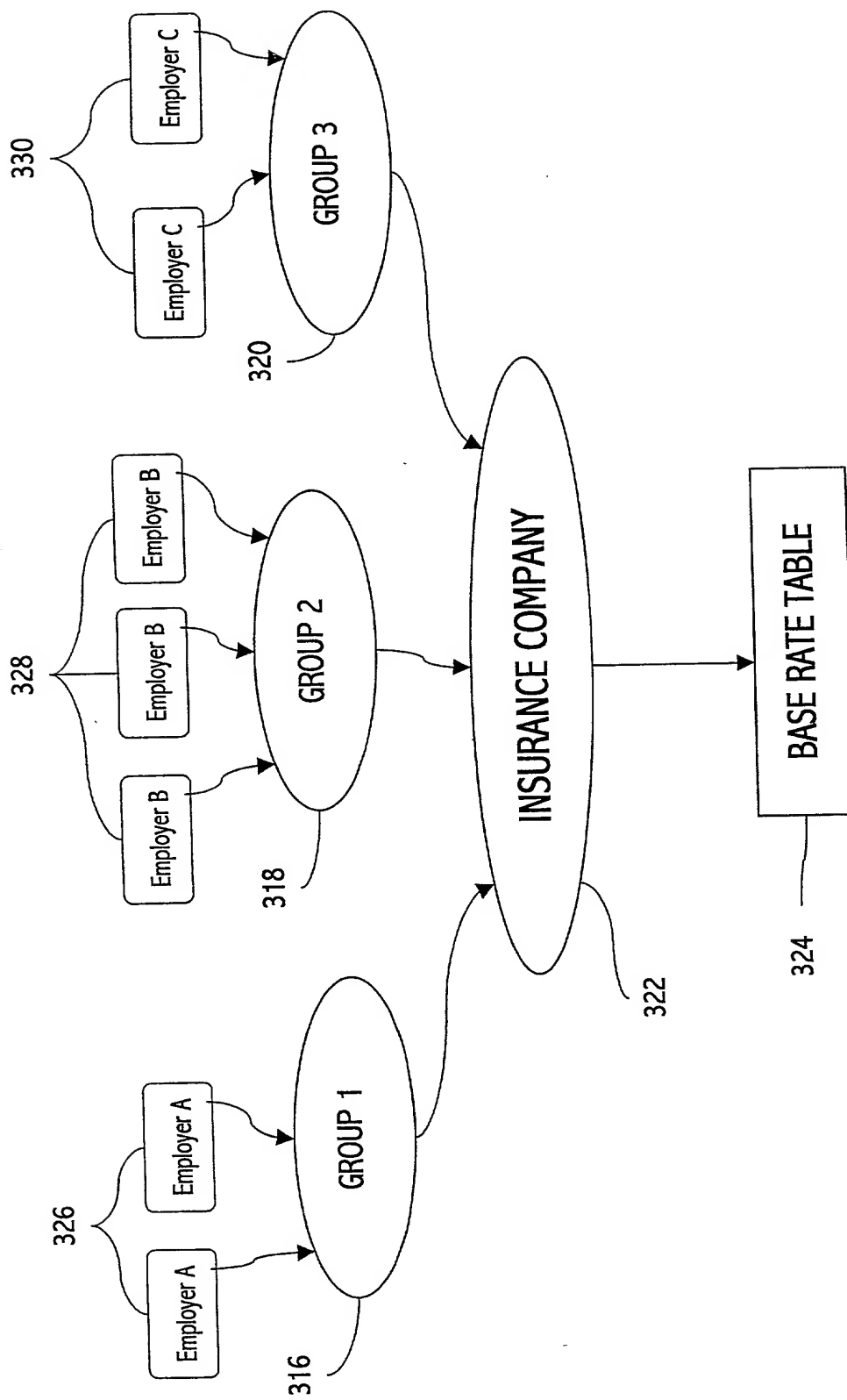


FIG. 9

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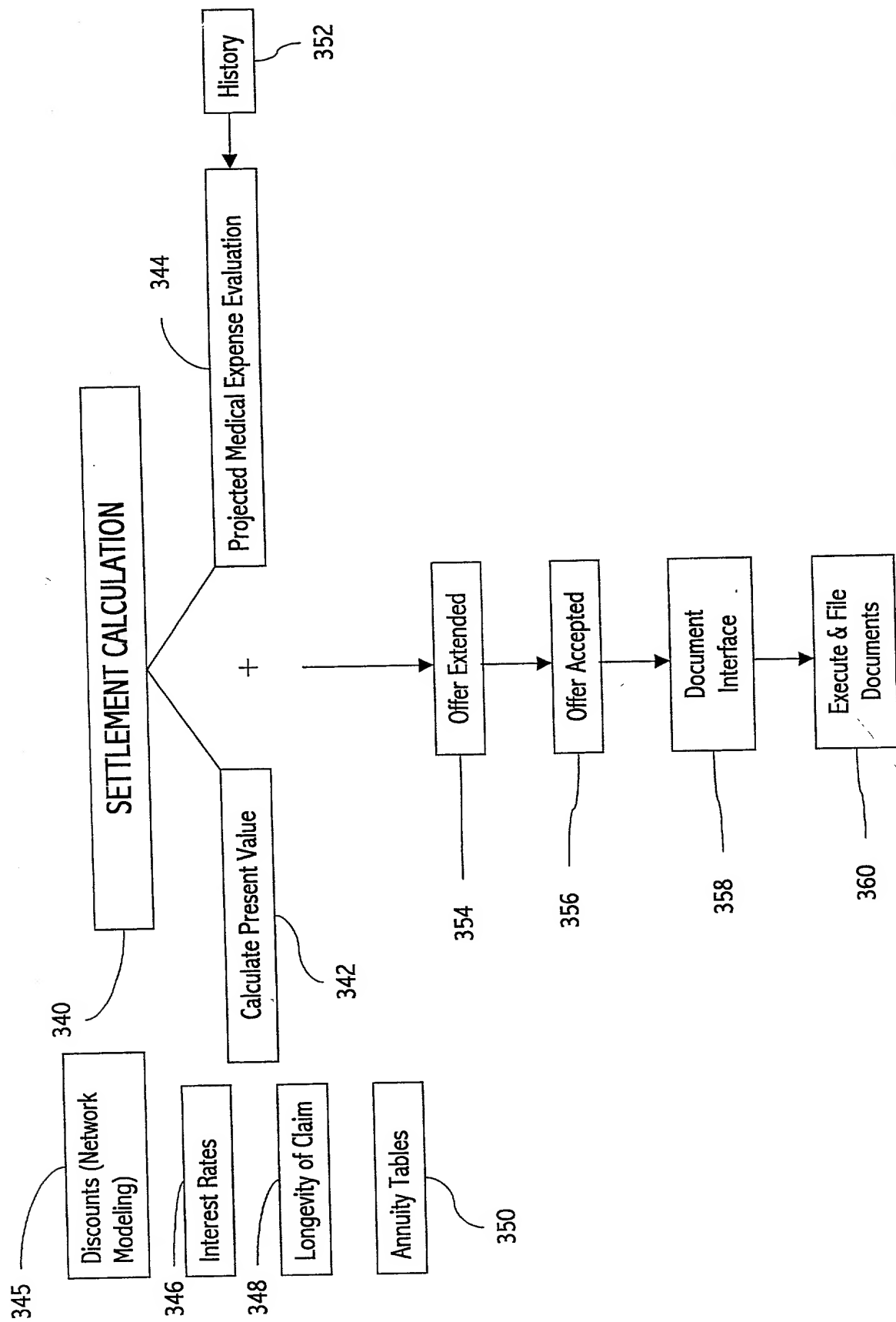


FIG. 10

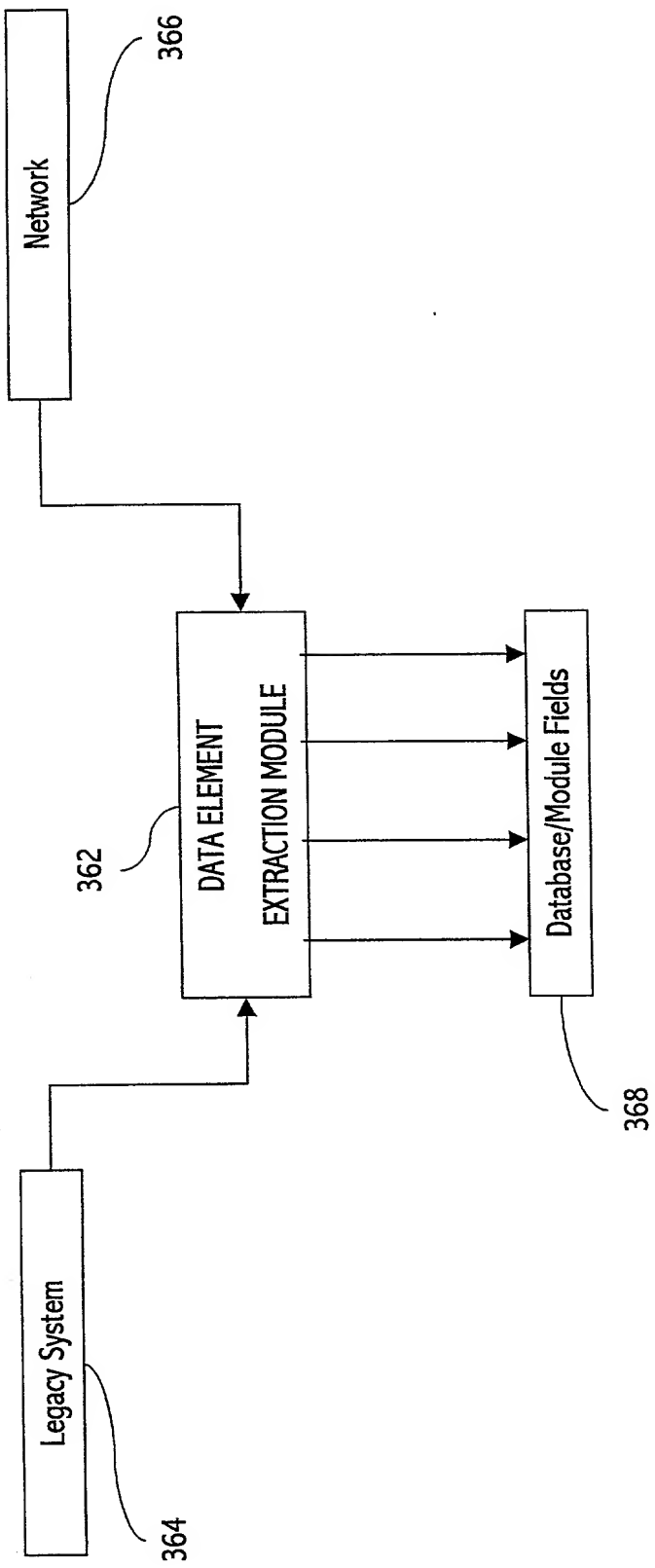


FIG. 11

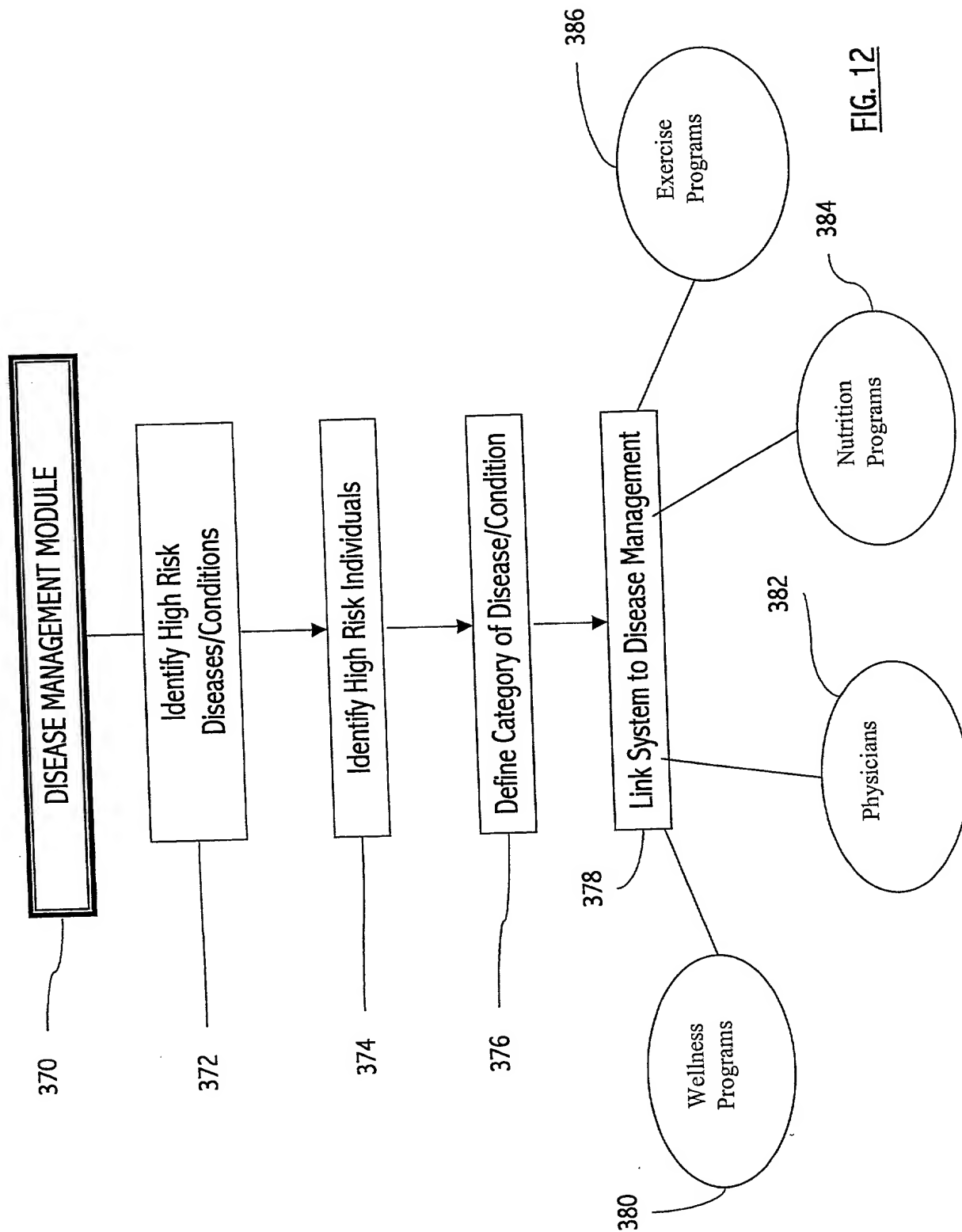


FIG. 12

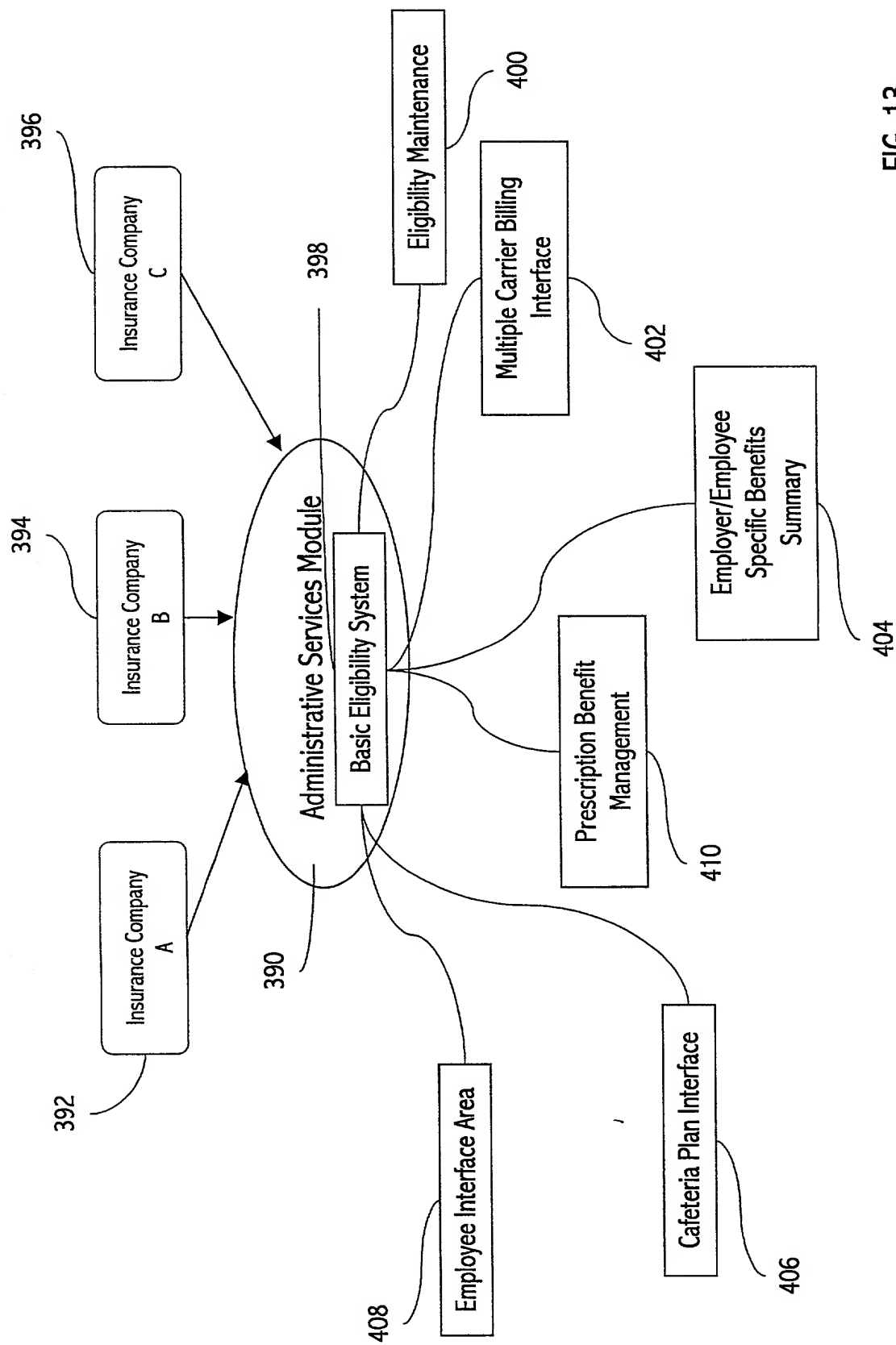


FIG. 13

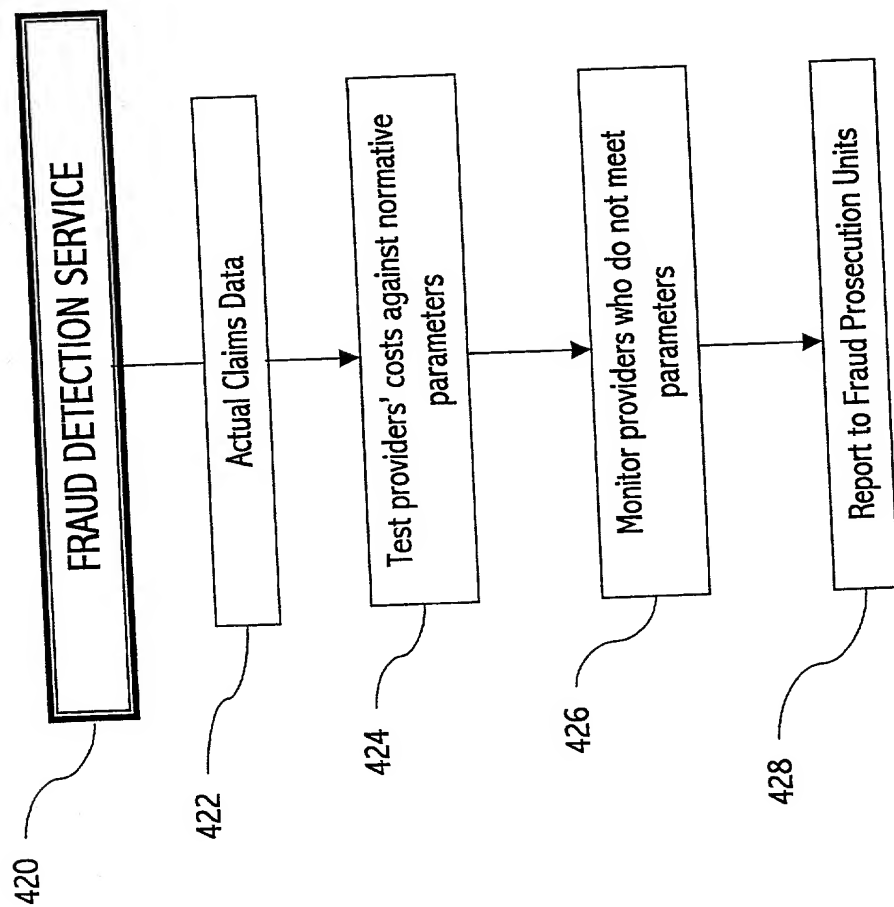


FIG. 14

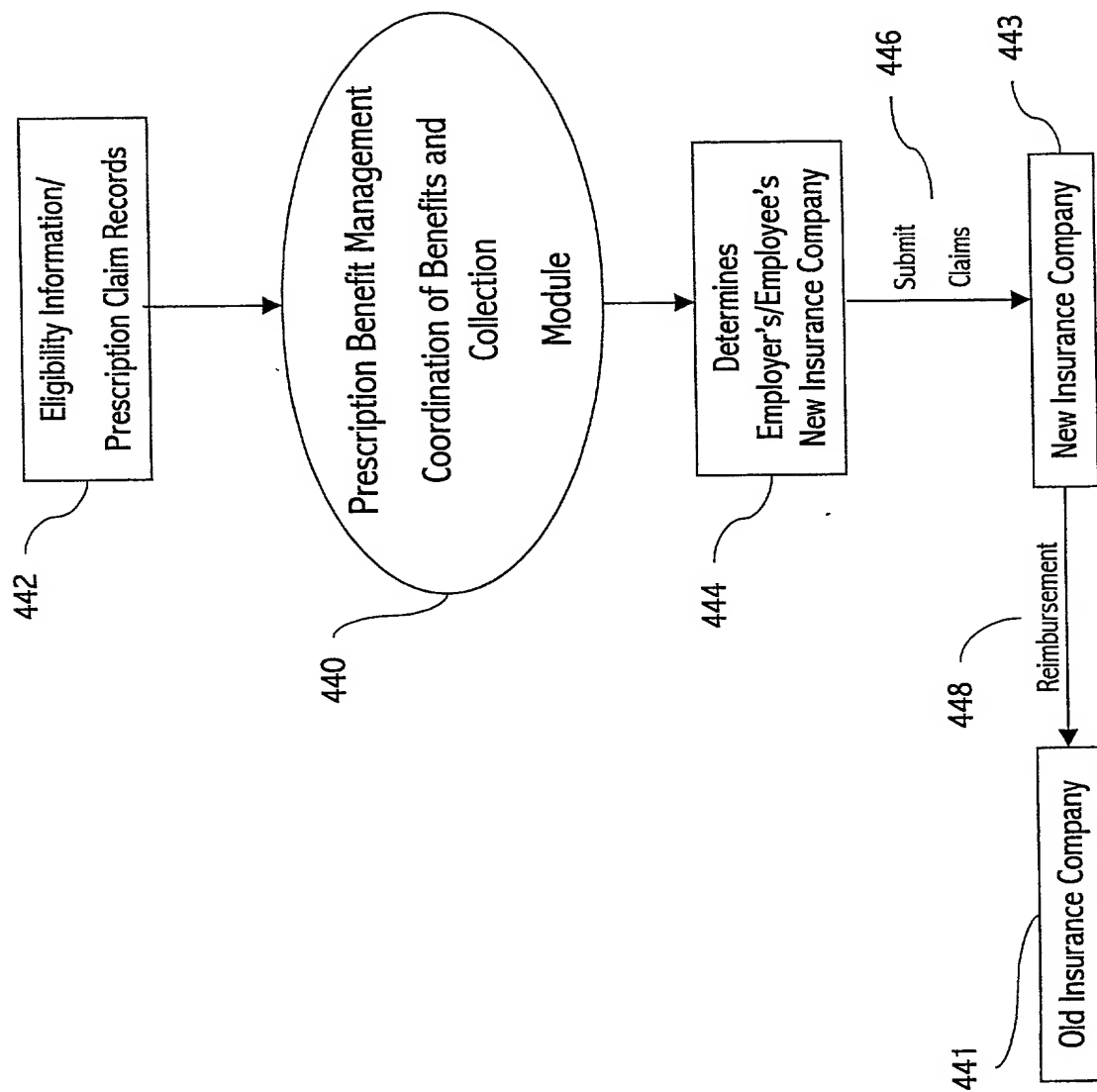


FIG. 15